



CITY OF ALBANY  
DEPARTMENT OF BUILDINGS & REGULATORY COMPLIANCE  
ROOM 303 - CITY HALL  
24 EAGLE STREET  
ALBANY, NEW YORK 12207  
PHONE: (518) 434-5165  
FAX: (518) 434-6015

**Official Use Only**

Reg. No.: \_\_\_\_\_  
Date: \_\_\_\_\_  
Rec'd By: \_\_\_\_\_  
Fee: \_\_\_\_\_  
Reg. Exp.: \_\_\_\_\_

**VACANT BUILDING REGISTRATION FORM**

*(Please complete and return ONE form per property – Must be typed or legibly printed.)*

**TYPE OF APPLICATION**

- Original Registration  
 Update of Application Previously Submitted (must be within 30 days of change)  
Date of Application Change: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Renewal Registration  
Date of Original Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROPERTY DESCRIPTION**

Building Address (Number, Street, City, State, Zip) \_\_\_\_\_

Parcel No. \_\_\_\_\_

Tax ID \_\_\_\_\_

Date of Vacancy \_\_\_\_\_

Estimated length of time building will be vacant (months/years) \_\_\_\_\_

Age of Building \_\_\_\_\_

No. of Stories Above Ground \_\_\_\_ Below \_\_\_\_

Most Recent Use:  Commercial  Residential

No. of Dwelling/Office Units \_\_\_\_\_

Utilities: Electricity  On  Off

Water  On  Off

Gas  On  Off

**BOND INFORMATION** *(Please submit a copy of Bond with application.)*

Name of Bonding Company \_\_\_\_\_

\$ \_\_\_\_\_

Amount of Bond *(Amount of Bond should match cost of rehabilitation/renovation/demolition.)*

**OWNERSHIP INFORMATION** *(If more than one owner, attach additional sheets)*

Owner Name \_\_\_\_\_

Owner of Record \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver License No. *(include copy)* \_\_\_\_\_

Is this Owner a(n): *(if any of the following apply, attach documentation, i.e., Certificate of Corporation, Articles of Organization, etc.)*

- Individual       Corporation       Limited Partnership  
 Limited Liability Company       Trust       Estate

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
EIN

\_\_\_\_\_  
Mailing Address (Number, Street, City, State, Zip)

( ) \_\_\_\_\_  
Telephone Number

( ) \_\_\_\_\_  
Alternate Telephone Number

\_\_\_\_\_  
Email Address

Type of Ownership

Titleholder  Foreclosing Entity  Other – Specify \_\_\_\_\_

**LIEN HOLDER INFORMATION** *(If more than one lien holder, attach additional sheets)*

\_\_\_\_\_  
Name of Lien Holder

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Type:  Lien Holder  Other Financial Interest – Specify \_\_\_\_\_

**LOCAL AGENT OR OPERATOR**

- Individual       Corporation       Limited Partnership       Limited Liability Company  
 Limited Liability Partnership       Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Name of Agent

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Driver License No. *(include copy)*

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( ) \_\_\_\_\_  
Telephone

( ) \_\_\_\_\_  
Secondary Telephone

**EMERGENCY CONTACT**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (Number, Street, City, State, Zip)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

**INSURANCE INFORMATION**

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Name of Insurance Agent

\_\_\_\_\_  
Address (Number, Street, City, State, Zip)

\_\_\_\_\_  
Telephone

Amount of Coverage: \_\_\_\_\_

**VACANT BUILDING PLAN** *(Must be accompanied by color photographs of all four exterior walls.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

*The undersigned attests to the above information as accurate. Any falsification may result in the denial or revocation of the certificate of registration for a vacant building.*

Owner 1 Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner 2 Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Officer of Corporation, Limited Partnership,  
Limited Liability Company or Limited Liability Partnership  
\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Title & Company \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Agent Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Title & Company \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DIRECTIONS FOR COMPLETION OF  
VACANT BUILDING REGISTRATION FORM:**

1. OWNER -- Those shown to be the owner or owners on the records of the City of Albany Department of Assessment and Taxation, those identified as the owner or owners on a vacant building registration form, a mortgagee in possession, a mortgagor in possession, assignee of rents, receiver, executor, trustee, lessee, other person, firm or corporation in control of the premises. Any such person shall have a joint and several obligation for compliance with the provisions of this article.
2. AGENT -- If the owner does not reside in Albany County or any adjoining county, the name and address of any third party (living within Albany County or any adjoining county) with whom the owner has entered into a contract or agreement for property management.
3. EMERGENCY CONTACT – A responsible party that can be reached at all time during business and non-business hours. Please include both telephone numbers.
4. LIEN HOLDERS -- The names and addresses of all known lien holders and all other parties with an ownership interest in the building.
5. PROPERTY DESCRIPTION – Description of the property, including number of units; type of structure and number of stories.
6. VACANT BUILDING PLAN --The owner shall submit a vacant building plan which must meet the approval of the Enforcement Officer. The plan, at a minimum, must contain information from one of the following three choices for the property:
  - (a) If the building is to be demolished, a demolition plan indicating the proposed time frame for demolition.
  - (b) If the building is to remain vacant, a plan for the securing of the building in accordance with standards provided in §§ 133-68.1 and 133-68.2, if applicable, along with the procedure that will be used to maintain the property in accordance with Article XI, and a statement of the reasons why the building will be left vacant.
  - (c) If the building is to be returned to appropriate occupancy or use, a rehabilitation plan for the property. The rehabilitation plan shall not exceed 365 days, unless the Enforcement Officer grants an extension upon receipt of a written statement from the owner detailing the reasons for the extension. Any necessary permits must be applied for within this 365 days. Any repairs, improvements or alterations to the property must comply with any applicable zoning, housing, historic preservation or building codes and must be secured in accordance with § 133-68, if applicable, during the rehabilitation.

7. **COPIES OF DRIVER LICENSES** – Must supply copies of drivers licenses of the owner and/or agent of the property, or alternatively, Certificate of Corporation or Articles of Organization of the owning Corporation, Limited Liability Company or Limited Liability Partnership.
8. **PHOTOGRAPHS** – Must provide color photographs of all visible exterior walls of the premises.
9. **BOND** – Must provide a copy of the required bond. The bond should be a performance/payment or maintenance bond, naming the City of Albany as Obligee, and should match the amount of proposed repairs/demolition, to a minimum of \$10,000.
10. **SIGNATURES** – Must be signed by the owner or the designated agent of the property.
11. **TITLE & COMPANY** – Include the title and company of officer or agent.

